

NH DEPARTMENT OF CORRECTIONS POLICY AND PROCEDURE DIRECTIVE	CHAPTER <u>Health Services</u> STATEMENT NUMBER <u>6.10</u>
SUBJECT: SUICIDE PREVENTION AND INTERVENTION	EFFECTIVE DATE <u>04/15/03</u> REVIEW DATE <u>04/01/04</u> SUPERCEDES PPD# <u>6.10</u> DATED <u>05/15/02</u>
ISSUING OFFICER: <u>Phil Stanley, Commissioner</u>	DIRECTOR'S INITIALS _____ APPENDIX ATTACHED: YES _____ NO _____
REFERENCE NO: See reference section on last page of PPD.	

I. PURPOSE:

To establish guidelines for the use of suicide precautions in Department of Corrections facilities.

II. APPLICABILITY:

To all Department of Corrections staff.

III. POLICY:

It is the policy of the Department of Corrections to establish and ensure that appropriate measures are taken to prevent and reduce the potential of suicide or self harm by inmates. It is the responsibility of all staff to consistently be alert for and make known any physical or procedural circumstances that would reduce their ability to ensure that every appropriate measure is taken to prevent the occurrence of suicide or self harm.

IV. PROCEDURE:

A. Staff Training:

1. Pre-service training: All staff receives four hours of training in suicidal signs and response procedures during the pre-service academy.
2. On-going in-service training of staff with responsibility for inmate supervision occurs yearly as a part of their annual training.
3. Participation of SPU security staff in the attendance of NH Hospital Mental Health Worker Training. Orientation training is completed by the nursing staff prior to the Mental Health Worker Training.

B. Intake Screening:

1. Health-trained personnel will assess all inmates during intake for suicidal potential. This assessment is documented on the Intake Screening form.
2. A member of the Mental Health staff shall do a Mental Health suicide assessment. This is to be completed during the Mental Health intake conducted during the first 10 days of incarceration.
3. Ongoing observation or notation of behavior or communication identified as questionable or that indicates a risk to an inmate's safety will be reported immediately

to the nursing staff for further assessment.

C. Imminent Danger:

1. When staff members feel that an inmate is in danger of suicide or self-harm, they are to:
 - a. assure their own safety;
 - b. call for assistance. Continuously observe the inmate if at all possible. Staff will not enter a secluded area without assistance if there is a risk of harm.
 - c. take measures necessary to prevent/reduce the extent of harm or death. This includes hands-on intervention such as restricting movement, first aid and initiating CPR.
 - d. in cases of threats of self-harm, attempt to calm the situation until the Officer-in-Charge (OIC) or clinical staff arrives.
2. The OIC is to evaluate the situation and contact clinical staff for assessment and actions.
 - a. Monday through Friday, 0800 - 1600 hours: call Mental Health Services.
 - b. Off-shift, weekends and holidays, call on-site Health Services.

D. Housing and Safety:

1. Each facility is to provide an observation area to monitor suicidal inmates, in level I or II (see E. Below). Such areas are to be well lit, adequately ventilated, heated, and allow for quiet communication with appropriate treatment and custody staff. Suicidal inmates shall be placed in an observation area that affords adequate visibility by staff.
2. The inmate shall be provided with a mattress, pillow and appropriate blanket at all times.
3. The observation area should be stripped of any and all materials that may present opportunities for self-harm, including but not limited to
 - a. furniture
 - b. protrusions which can be used for hanging or self-harm.
 Unless otherwise determined by Mental Health or Medical staff, basic clothing will not be removed, but may be replaced with suicide prevention clothing. Items such as belts and shoelaces must be removed unless otherwise ordered by a physician or Mental Health staff.
4. Staff safety is critical in deciding where to conduct the observation. Custody and supervisory staff are not to enter a cell until sufficient staff is available to handle the inmate.
5. Unless otherwise determined by Mental Health staff, basic items required for personal hygiene, eyeglasses and writing materials are made available only under the observation of an officer. The inmate shall be provided with prescribed medication under the observation of an officer.
6. Alternate meals such as finger foods are provided during mealtimes unless otherwise determined by a physician or by Mental Health staff.
7. An inmate assessed to be suicidal is to be under constant observation until a clinical plan is completed.
8. The inmate shall be provided with a grievance form and request slip upon request.
9. The inmate shall be offered access to toilet facilities and water for drinking on a regular basis except when the inmate is asleep.
10. The inmate shall be offered the opportunity to shower daily.

E. Levels of Intervention:

In determining levels of observation and supervision, the least restrictive measures to ensure inmate safety are to be used. The levels of intervention described below represent options available to provide for the safety of inmates who represent a danger for self-harm/suicide; they need not be considered a series of steps that always occur in sequence.

1. Level I - Close/Precautionary
 - a) Precautionary watch for mental health reasons is separate and distinct from

precautionary watch for security reasons. Precautionary watch for mental health reasons will be used to monitor the behavior of mentally ill inmates with disorganized or violent behavior that does not rise to the level of a suicide risk and, will also be used to monitor the behavior of an inmate who may pose a danger to self. The purpose of this observation is to keep the inmate safe from harm until clinical staff can assess whether or not mental illness is present.

- b) The following precautions are indicated:
 - 1) Basic clothes (i.e. shirts, pants, and shoes) are retained while belts, shoelaces and all other items and objects are removed unless otherwise ordered by a physician or other mental health staff .
 - 2) As directed by the OIC or Shift Commander, the following security techniques may be implemented:
 - a) PPD 5.87, Temporary Confinement of Prisoner to Cell.
 - b) PPD 5.91, Video Camera Recording for Documentation.
 - c) PPD 5.81, Restraining Devices
- c) Procedures
 - 1. SHU staff will notify the Mental Health unit (MHU) and SHU Corrections Counselor/Case Manager (CC/CM) as soon as an inmate has been temporarily placed on precautionary watch.
 - 2. If MHU staff is notified during duty hours, MHU staff will meet with the inmate on that duty day, if possible, but in no case later than the next duty day to assess the inmate.
 - 3. MHU staff shall determine, as part of the assessment, whether the inmate's behavior is the product of a mental illness.
 - 4. If the inmate's behavior is determined to be a product of a mental illness, the inmate shall be placed on mental health precautionary watch and the procedures set forth below shall be followed.
 - 5. If the inmate's behavior is determined not to be a product of a mental illness, the inmate may be placed on precautionary watch for behavioral or security reasons and the procedures set forth in PPD 5.89 (Inmate Management: Special Housing Unit) shall be followed.
 - 6. MHU staff shall assess the inmate daily and document the inmate's behavior with a progress note in the medical record, as long as the inmate remains on precautionary watch, whether for mental health or security/behavioral reasons.
 - 7. If the inmate is placed on temporary precautionary watch by SHU Staff after duty hours or on weekends/holidays, SHU staff shall immediately contact the Health Services Center duty nurse.
 - a. The HSC duty nurse shall undertake any necessary immediate intervention actions
 - b. The HSC duty nurse shall promptly contact the on-call psychiatrist at the Secure Psychiatric Unit (SPU).
 - c. The SPU psychiatrist, after consulting with the HSC duty nurse and SHU staff, if deemed appropriate, shall determine whether the inmate shall remain on temporary precautionary watch and, if so, whether the inmate shall be transferred to either HSC, if an isolation bed is available or to SPU, if temporary placement in SPU is deemed appropriate
 - d. SHU staff shall notify MHU on the next duty day of placement of the inmate on temporary precautionary watch, and MHU staff shall assess the inmate on the same duty day in accordance with the procedures set forth above.
- d) Inmate status is to be observed and the observations recorded on a staggered 15-minute schedule by the Security staff (see Attachment 1- Observation Forms) The senior ranking officer on each shift will ensure that a corrections officer makes

personal observation of the inmate and records the entry in the appropriate log. The SHU Security Lieutenant and/or the SHU Unit Manager will monitor the precautionary watch inmates on a daily basis and will review and initial the log daily. The SHU CC/CM shall monitor the inmate each duty day and prepare a report on the inmate for the MHU staff.

- e) In accordance with PPD 6.18, IV.J.5. (Involuntary Emergency Medical and/or Psychiatric Treatment) and PPD 6.5, III.C.4. (Mental Health Services), if the MHU Director/designee determines that the inmate has a mental illness which creates a danger to the inmate or others and that precautionary or close watch is required, the inmate shall be transferred to the HSC or to SPU. If there are no available isolation rooms in HSC and if the inmate cannot be transferred to SPU in accordance with PPD 6.18, IV.J.6 or if the inmate cannot be transferred due to security reasons, precautionary watch may then take place in SHU or other secure setting until such time as the inmate can be transferred to HSC or SPU.
 - f) Precautionary watch in SHU for mental health reasons shall take place in an observation area in a location that affords adequate visibility by staff.
 - g) A facility dayroom shall not be used for precautionary watch in excess of 24 hours unless there are no available isolation rooms at HSC and the inmate cannot be transferred to SPU. The dayroom shall be well lit, adequately ventilated and heated and allow for quiet communications with treatment staff.
 - h) Precautionary watch for mental health reasons may also take place in such other observation area in SHU as may be approved by the Director of Mental Health and the Medical Director of Medical and Forensic Services..
 - i) A corrections officer will personally observe inmates on precautionary watch for mental health reasons in SHU at least every fifteen (15) minutes on an irregular schedule. More frequent observation may be required for inmates who demonstrate violent or bizarre behavior.
 - j) The mental health professional or, in their absence, the person in charge of the MHU, shall make a status decision within 48 hours for inmates on precautionary watch. If this person determines that the inmate no longer represents a danger of harm, the inmate will be returned to their cell. Otherwise, the mental health professional will make the decision regarding transfer to HSC or SPU pursuant to RSA 623:1.
 - k) Discharge from Precautionary Watch Status
 - 1) The mental health professional shall determine when the inmate is to be discharged from precautionary watch status and returned to his cell.
 - 2) After being discharged from precautionary watch status, the inmate will be followed up by the MHU as follows:
 - a) Within 72 hours of discharge from precautionary watch status;
 - b) Once a week for the first month;
 - c) More intensive intervention will be used if clinically indicated.
2. Level II - Constant Watch
- a. In a Housing Unit:
 - 1) "Constant watch" allows for short term (1-2 hours), secure observation and supervision of an inmate who exhibits serious probability of self-harm or attempted suicide. "Constant watch" is to take place while awaiting mental health or nursing assessment for transfer to HSC or SPU. Long-term constant watch will not occur in facilities or units.
 - 2) Basic clothes (i.e. shirt, pants, and shoes) is retained while belts, shoelaces and all other objects are removed unless otherwise ordered by a physician or mental health staff.
 - 3) One-on-one observation is required until transfer to HSC or SPU occurs.
 - b. In an Inpatient Facility (HSC or SPU)

- 1) Security is to be informed of the need to provide constant observation until otherwise determined by a physician. Constant watch in the HSC or SPU allows for long-term observation, assessment and treatment of an inmate who exhibits serious probability of self-harm or control.
 - 2) The on-duty physician or psychiatric mental health practitioner should be notified and emergency directives obtained.
 - 3) A psychiatric assessment will determine the length of the constant watch. However, a status decision must be made within 72 hours for inmates in the Health Services Center to either transfer the inmate to SPU or to discharge back to the unit if there is no further danger of self-harm.
3. Level III - Transfer
Imminent Intent/Attempted Suicide/Transfer to SPU. Allows for the secure observation and management of an inmate who exhibits intent to do immediate self-harm or has attempted suicide by actual self-harm.
- a. During normal business hours an inmate posing a Level III danger is to be assessed and arrangements are to be made by Mental Health for transfer to the SPU in accordance with RSA 623:1.
 - b. During off-shift, weekends and holidays an inmate posing a Level III danger is to be assessed by Health Services staff for transfer to the SPU in accordance with RSA 623:1.
- F. Response to Actual Attempt:
1. Assure your own safety and the safety of other officers and inmates. Stay with the inmate if at all possible.
 2. Call for assistance. Respond to the immediate health care needs of the subject in accordance with the emergency medical practices for the NHDOC.
 3. After any immediate health care needs are resolved, turn scene over to investigations.
- G. General Considerations:
1. Signs indicating a potential suicide include but are not limited to:
 - a. loss of interest in activities or relationships;
 - b. depressed state indicated by withdrawal, periods of crying, insomnia or lethargy, extreme restlessness, pacing back and forth in a robot-like manner;
 - c. past history of suicide attempts;
 - d. active discussion of suicide plans;
 - e. sudden drastic changes in eating or sleeping habits;
 - f. giving away possessions and paying off debts;
 - g. talking about suicide.
 2. An Incident Report must be completed when an inmate is placed on one of the three watch levels.
- H. Post Suicide Prevention Follow-Up:
1. Mental Health staff will follow up every inmate who has attempted suicide or had suicide ideation and has been placed on suicide watch as follows:
 - a. within 72 hours of discontinuation of suicide watch;
 - b. once a week for the first month;
 - c. every two weeks for the second month;
 - d. a minimum of twice for the third month;
 - e. a minimum of one time per month for 6 months or as clinically indicated
 2. A list of all inmates in this status will be maintained by Mental Health and regularly distributed to the Warden, Medical Director of Psychiatric Services, and to Quality Improvement.
- I. Administrative Review of Suicide Attempts resulting in death or hospitalization
1. All cases of suicide attempts resulting in hospitalization or death will be referred to the Quality Improvement Committee for review to determine if there are any needed

- changes to policy, review or practice.
2. The Quality Improvement Committee will convene all staff involved in the incident to be included in the review process.

REFERENCES:

Standards for the Administration of Correctional Agencies
Second Edition. Standards

Standards for Adult Correctional Institutions
Third Edition. Standards
3-4364

Standards for Adult Community Residential Services
Fourth Edition. Standards

4-ACRS-4C-16

Standards for Adult Probation and Parole Field Services
Third Edition. Standards

Other

MACLEOD/pf

Attachments

[illegible][illegible]

SECLUSION **Y** RESTRAINT **Y** Type of Restraint Used: _____
 Nurse authorizing S/R in emergency: _____ Date: _____ Time: _____
 Physician assessing & authorizing S/R: _____ Date: _____ Time: _____
 Staff involved in procedure: _____
 Reason and Background for S/R: *(include explanation of inadequacy of less restrictive alternatives)* _____

Behavior after removal from S/R: _____

Reviewing Physician: _____ M.D. Date: _____ Time: _____
 (signature)

Copy to be sent to Commissioner of Corrections if S/R exceeds 24 hours

rs.

CHECK PATIENT EVERY 15 MINUTES

DATE								
TIME								
Toilet/Bathing								
Meals/Fluid								
General Condition i.e. Breathing, Color, etc.								
Position change if in restraints								
Remarks: i.e. behavior during S/R								
Check – Initials								

LEGEND

Initials	Full Signature & Title	Initials	Full Signature & Title
SECURE PSYCHIATRIC UNIT SPECIAL TREATMENT REPORT		PATIENT IDENTIFICATION	

CHECK PATIENT EVERY 15 MINUTES

DATE	TIME:								
Toilet/Bathing									
Meals/Fluids									
General Condition i.e. Breathing Color, Etc.									
Position change if in restraints									
Remarks: i.e. behavior during S/R									
Check-Initials									

CHECK PATIENT EVERY 15 MINUTES

DATE	TIME:								
Toilet/Bathing									
Meals/Fluids									
General Condition i.e. Breathing Color, Etc.									
Position change if in restraints									
Remarks: i.e. behavior during S/R									
Check-Initials									

CHECK PATIENT EVERY 15 MINUTES

DATE	TIME:								
Toilet/Bathing									
Meals/Fluids									
General Condition i.e. Breathing Color, Etc.									
Position change if in restraints									
Remarks: i.e. behavior during S/R									
Check-Initials									

- I. Purpose:
To establish guide lines for the use of suicide/safety precautions in the Secure Psychiatric Unit.
- II. Applicability:
To all staff of the Secure Psychiatric Unit
- III. POLICY:
It is the policy of the Secure Psychiatric Unit to establish and ensure that appropriate measures are taken to prevent and reduce the potential of suicide of self harm. It is the responsibility of all staff to consistently be alert for and make known any physical or procedural circumstances that would reduce their ability to ensure that every appropriate measure is taken to prevent the occurrence of suicide/self harm.
- IV. PROCEDURE:
 - A. Staff Training:
 1. Pre-Service training: All staff receive four hours of training in suicidal signs and response procedures during the pre-service academy.
 2. On-going in-service training of staff with responsibility for inmate supervision occurs once a year as a part of this staff's annual training.
 3. Participation of SPU security staff in the attendance of NH Hospital Mental Health Worker Training. Training is completed by nursing staff prior to Mental Health Worker Training.
 - B. Screening:
 1. All patients are initially evaluated and assessed by the admitting nurse for the likelihood of self harm/suicide risk and later by a psychiatrist/psych-mental health ARNP (PMH ARNP at the time of admission.
 2. Ongoing observation or notation of behavior or communication which is identified as questionable or indicates a risk to a patient's safety will be immediately reported to nursing staff for further assessment.
 - C. Imminent Danger:
 1. Staff will assure their own safety.
 2. Staff who becomes aware of a patient's imminent danger will call for assistance. Continuously observe the patient if at all possible. Staff will not enter a secluded area without assistance if there is a risk of harm.
 3. Intervention by staff will occur to prevent/reduce extent of self harm or death. This includes hands-on intervention such as restricting movement, first aid or initiating CPR.
 4. In cases of threats of self harm, staff will attempt to calm and reassure the patient and immediately notify nursing staff for support and assessment.
 - D. Levels of Intervention: (From lesser restriction to greater restriction)
 1. Stripped and Strong: The patient and the environment are searched. Any articles that can be used to harm self will be removed from the patient's environment. The patient will be given strong clothes and strong blankets. Soft articles may be in the patient's possession i.e. books. Puzzles with a physician/PMH ARNP order.
 2. Level II: The patient is checked every fifteen (15) minutes or thirty (30) minutes depending on doctor's/PMH ARNP order. Visual checks are to be slightly staggered but never exceeding the time limit.
 3. Level I: Constant observation. The officer sits at the patients' door. Must constantly monitor. Officer must be aware of patient's treatment plan which may or may not specify degree of interaction and extent of activity.
 - E. Documentation:
 1. Documentation of observation of patients on Level I and Level II occurs utilizing the Precaution Checklist. SPU Correctional Officers document observations every 15 minutes for Level I and every 15 to 30 minutes for Level II corresponding with frequency of observation as ordered by the physician/PMH ARNP.
 2. RN to document in progress note section of the chart each shift and as otherwise clinically indicated.

Attachment: SPU Precaution Checklist